



Electronic Recording Delivery System
Application for Vendor of ERDS Software Certification

TYPE OR PRINT (IN INK) ALL INFORMATION
REQUESTED ON THE APPLICATION FORM.
SIGNATURE MUST BE ORIGINAL.

TYPE OF APPLICATION

(CHECK ONE BOX ONLY)

INITIAL ☐ **RENEWAL** ☐

DOJ USE ONLY	
Cert #	_____
Date rec'd	_____
Response date	_____
Analyst	_____

Tracking #	_____
HDC date	_____
Rev. by	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

SECTION A (VENDOR INFORMATION)

APPLICANT NAME		DRIVER LICENSE #	DATE OF BIRTH		ERDS CERTIFICATION # (Required for renewal)	
COMPANY NAME (if any)		COMPANY ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE # ()	FAX # ()	E-MAIL				
EMPLOYER NAME (if any)		E-MAIL		TELEPHONE # ()	FAX # ()	
ADDRESS		CITY		STATE	ZIP CODE	

SECTION B (VENDOR REFERENCES OR SERVICE AGREEMENTS)

SUBMIT WITH APPLICATION:

- A. ATTACHMENT TO ERDS 0003 VENDOR APPLICATION FORM FOR REFERENCE(S) FORM # ERDS 0009, PROVIDING THREE BEST REFERENCES WITHIN THE LAST FIVE YEARS FOR SOFTWARE PRODUCTS OR DEVELOPMENT OF EQUIVALENT TECHNOLOGY, COMPLEXITY AND SIZE OF AN ERDS; AT LEAST ONE REFERENCE SHALL BE FOR A PROJECT USING DOCUMENT-IMAGING TECHNOLOGY; **OR**
- B. A COPY OF SERVICE AGREEMENT(S). OPERATE AS A VENDOR WITH A VALID CALIFORNIA MULTIPLE AWARD SCHEDULE (CMAS), GENERAL SERVICES AGREEMENT (GSA), OR MASTER SERVICES AGREEMENT (MSA). THE CMAS, GSA, OR MSA SHALL INCLUDE ONE OR MORE OF THE FOLLOWING CONSULTING SERVICE CATEGORIES:
- Application Development
 - IT Project Planning
 - IT System Implementation
 - Software Development
 - System Design
 - System Integration
 - IT Acquisition Support
 - IT Strategic Planning
 - Migration Planning
 - System Analysis
 - System Development
 - IT Project Management

SECTION C (APPLICATION CHECK LIST)

CHECK THE BOX IF THE ITEM IS ATTACHED:

INITIAL APPLICATION

- ☐ ERDS 0009 VENDOR APPLICATION FORM FOR REFERENCE(S) **OR**
CMAS, GSA, OR MSA AGREEMENT(S)
- ☐ PROOF OF FINGERPRINT SUBMISSION
- ☐ NON REFUNDABLE CERTIFICATION FEE

RENEWAL APPLICATION

- ☐ ERDS 0009 VENDOR APPLICATION FORM FOR REFERENCE(S) **OR**
CMAS, GSA, OR MSA AGREEMENT(S)
- ☐ NON REFUNDABLE RENEWAL CERTIFICATION FEE

APPLICATION FOR VENDOR OF ERDS SOFTWARE CERTIFICATION
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VENDOR NAME _____

SECTION E *(TERMS AND CONDITIONS)*

I declare under penalty of perjury under the laws of the State of California all the foregoing information, and all information submitted with this application is true, correct, and complete, and that a false or dishonest answer to any question shall be grounds for denial or subsequent termination of certification.

In addition, I attest that the ERDS software, at the time of development, will meet all of the audit and testing requirements contained in the California Code of Regulations, Title 11, Division 1, Chapter 18, Articles 1-9. I acknowledge that ERDS Program's issuance of the Vendor of ERDS Software Certificate shall include a "disclaimer" stating that the software is not being approved as to its ability to serve/function in an ERDS operational environment nor that it will meet all County Recorder's requirements only that the vendor has stated that it will meet all of the audit and testing requirements.

Vendor Signature: _____ Print Name: _____ Date: _____

Application Submission

The information on this application and all documentation becomes the property of the Department of Justice and will be used by authorized personnel.

Mail to: State of California
Department of Justice
CJIS Operations Support Bureau
Electronic Recording Delivery System Program
P.O. Box 160526
Sacramento, CA 95816-0526